



# MACRA: Quality Payment Program Reporting, Roles & Responsibilities

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Important Note: Sections of this presentation were developed in collaboration with Centers for Medicare & Medicaid Services (CMS).

Some slides are courtesy of CMS from various CMS webinars and presentations about the Quality Payment Program.



# Objectives



1. Identify the background and purpose of the Quality Payment Program (QPP): Medicare Access and CHIP Reauthorization Act (MACRA) of 2015.
2. Review the final rule with comments, addressing framework paths: Merit Based Incentive Payment Systems (MIPS) and Advanced Alternative Payment Models (APMs).
3. Discuss payment adjustments and bonuses related to MIPS and APMs.
4. Discuss MIPS performance category scoring.
5. Identify Roles and Responsibilities needed to support QPP.
6. Identify steps to prepare for the Quality Payment Program within the IHS.



# Quality Payment Program(QPP): Eligibility and Reporting

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# Quality Payment Program: Two Paths



Health care providers to take part in CMS' quality programs in one of two ways:

1. Merit-Based Incentive Payment System (MIPS)
2. Advanced Alternative Payment Models (**Advanced** APMs)



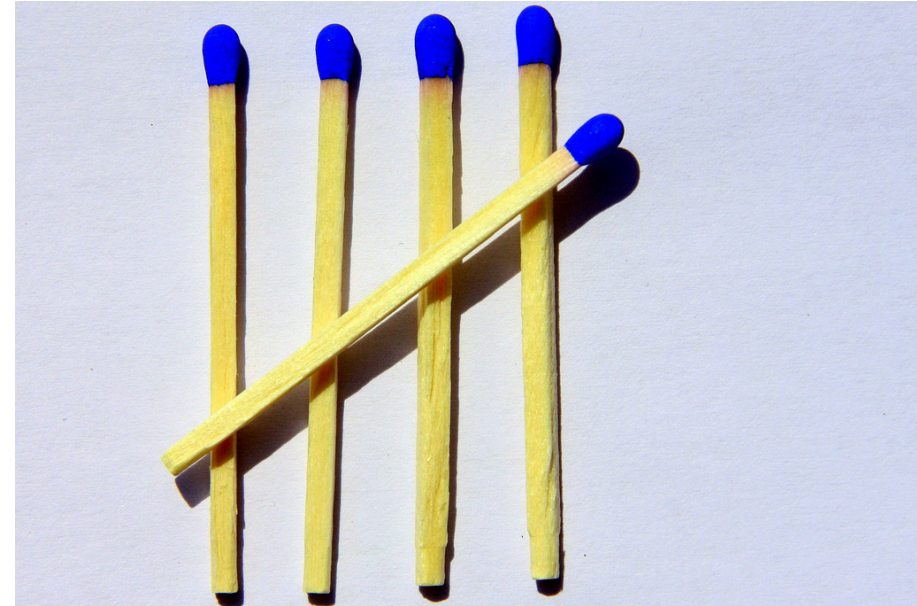


# MIPS Quality Payment Program Eligibility



For 2017, types of clinicians:

- **Physician**
  - Doctors of Medicine
  - Doctors of Osteopathy
- **Dentists**
- **Optometrists**
- **Chiropractors**
- **Podiatrists**
- **Physician assistant**
- **Nurse practitioner**
- **Clinical nurse specialist**
- **Certified registered nurse anesthetist**





# QPP Eligibility: Transition Year/Year 1



To be eligible a clinician must:

1. Bill *more than* **\$30,000** in allowed charges on the Medicare Part B Physician Fee Schedule

**AND**

2. Provide care for *more than* **100** Part B-enrolled Medicare patients per year



## QPP Eligibility: CMS Proposing in 2018



To be eligible a clinician in year 2 must :

1. Bill *more than* **\$90,000** in allowed charges on the Medicare Part B Physician Fee Schedule

**AND**

2. Provide care for *more than* **200** Part B-enrolled Medicare patients per year





# Notes on Eligibility



To be eligible, you must meet both criteria

This billed amount is specific to Medicare Part B Physician Fee Schedule. When looking at Medicare billing to determine eligibility, do not count other Medicare billing methodologies such as any sort of encounter rate options through IHS, tribal, or FQHC designations the clinic may have.



# Who is Exempt?

Providers below the Low Volume Threshold

Newly enrolled Medicare Providers

Providers significantly participating in Advanced Alternate Payment Models (APMs)



# What is a Group ?



Two or more clinicians identified by their National Provider Identifier (NPIs) who have reassigned their billing rights to a single Tax Identification Number (TIN).





# Notes on Groups

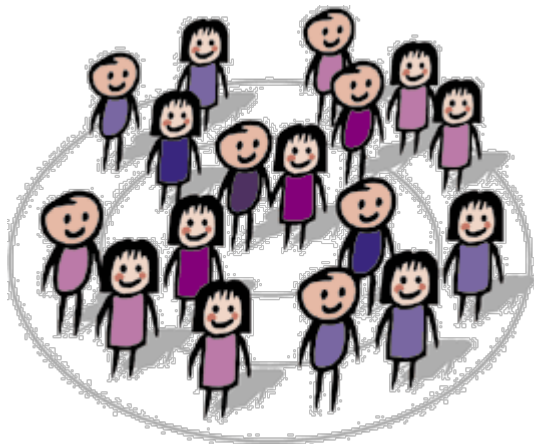


- It is “all or none”
  - You can’t have a few of your providers report as a group and others as individuals.
- If reporting more than one category (Quality, Advancing Care Information (ACI), Improvement Activities), you will report all of them as either group or individual.
  - Example: You can’t report as a group for Quality category and as an individuals for ACI category.



# Notes on Groups

If you report your MIPS data as a group, the group will get one final score and one payment adjustment based on the group's performance.



**1 score applied  
to everyone in  
the group**



# Submission Methods





## Quality



## Improvement Activities



## Advancing Care Information

	 <b>Individual</b>	 <b>Group</b>
Quality	<ul style="list-style-type: none"> <li>• Qualified Clinical Data Registry (QCDR)</li> <li>• Qualified Registry</li> <li>• EHR</li> <li>• Claims</li> </ul>	<ul style="list-style-type: none"> <li>• QCDR</li> <li>• Qualified Registry</li> <li>• EHR</li> <li>• Administrative Claims</li> <li>• CMS Web Interface</li> <li>• CAHPS for MIPS Survey</li> </ul>
Improvement Activities	<ul style="list-style-type: none"> <li>• QCDR</li> <li>• Qualified Registry</li> <li>• EHR</li> <li>• Attestation</li> </ul>	<ul style="list-style-type: none"> <li>• QCDR</li> <li>• Qualified Registry</li> <li>• EHR</li> <li>• CMS Web Interface</li> <li>• Attestation</li> </ul>
Advancing Care Information	<ul style="list-style-type: none"> <li>• QCDR</li> <li>• Qualified Registry</li> <li>• EHR</li> <li>• Attestation</li> </ul>	<ul style="list-style-type: none"> <li>• QCDR</li> <li>• Qualified Registry</li> <li>• EHR</li> <li>• Attestation</li> <li>• CMS Web Interface</li> </ul>

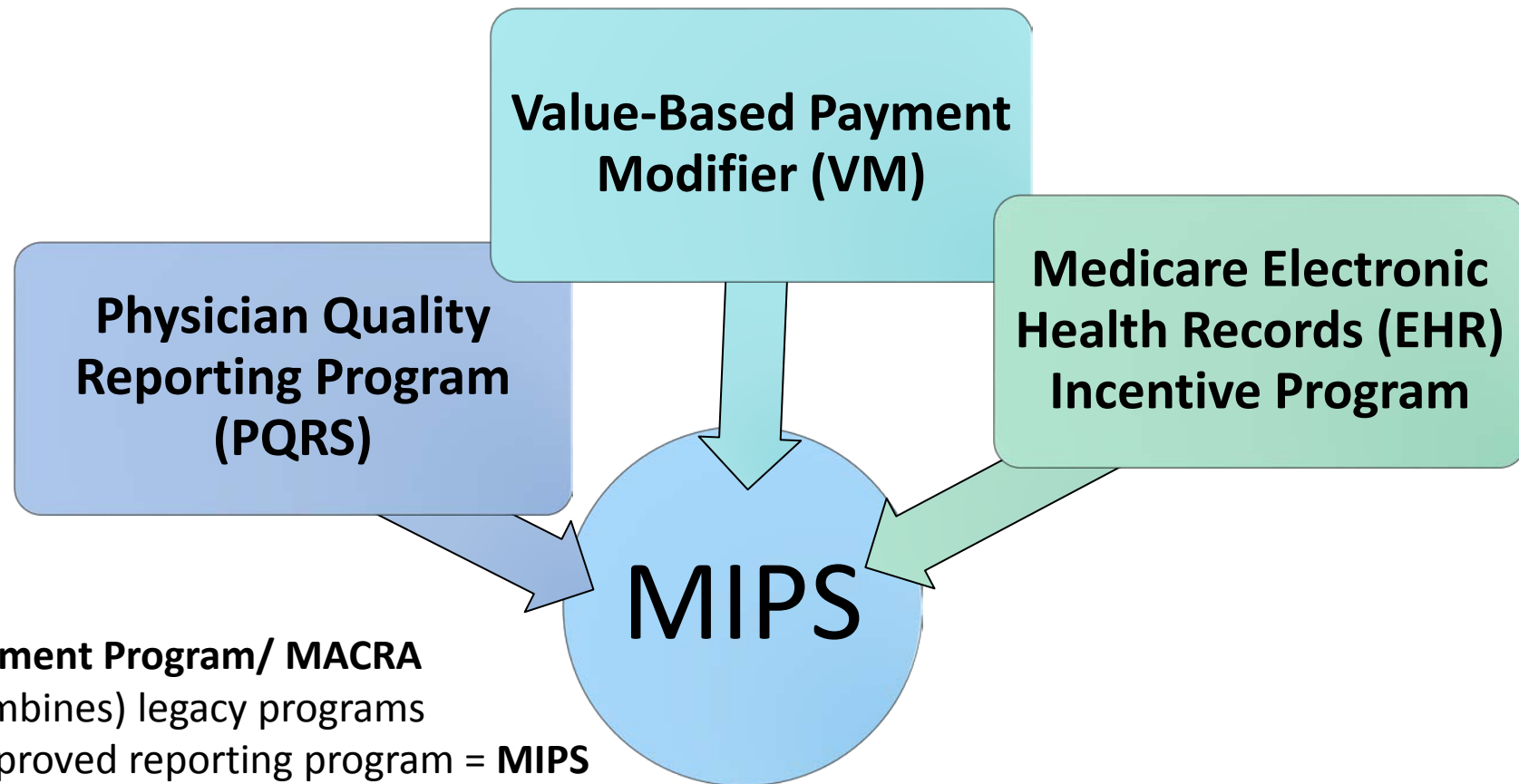
\*No reporting required for Costs for transition year



# Medicare Reporting Prior to MACRA



Currently there are **multiple quality and value reporting programs** for Medicare clinicians.



**The Quality Payment Program/ MACRA** streamlines (combines) legacy programs into a single, improved reporting program = **MIPS**



# MIPS Performance Categories

## How will physicians and practitioners be scored under MIPS?

A single MIPS composite performance score will factor in performance in 4 weighted performance categories on a 0-100 point scale:



Quality



Improvement Activities



Advancing Care Information



\*Cost



**FINAL SCORE**

\*Cost= 0 % weighting the first year





# Year 1 Performance Category Weights for MIPS

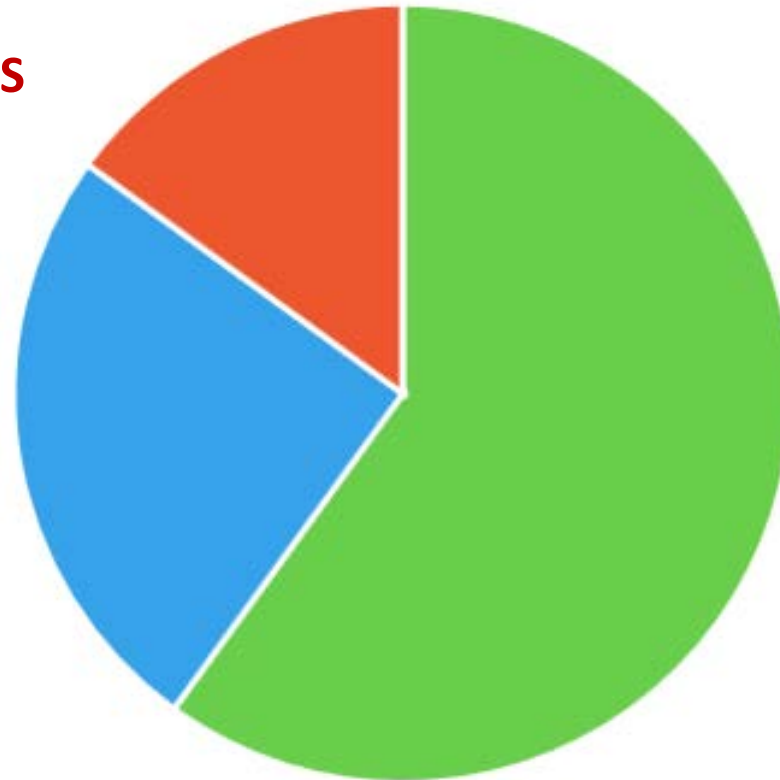


**IMPROVEMENT ACTIVITIES**

**15%**

**ADVANCING CARE  
INFORMATION (ACI)**

**25%**



**QUALITY**

**60%**

**Cost:** Counted starting in 2018



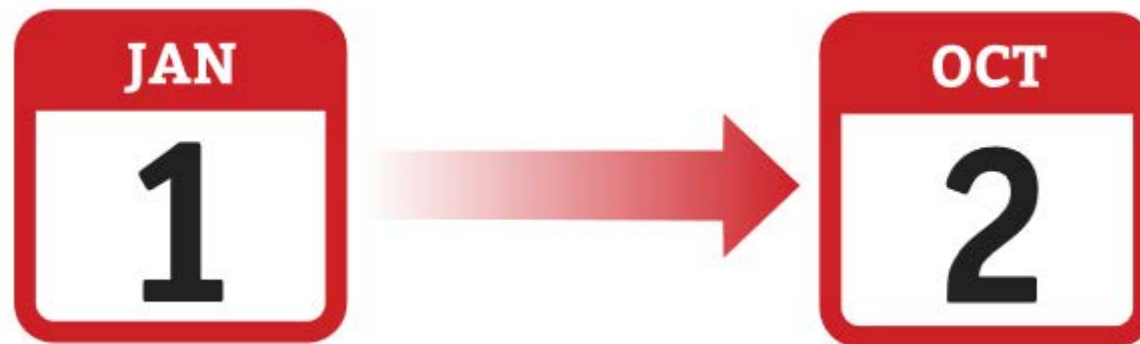
# Performance Categories Scoring

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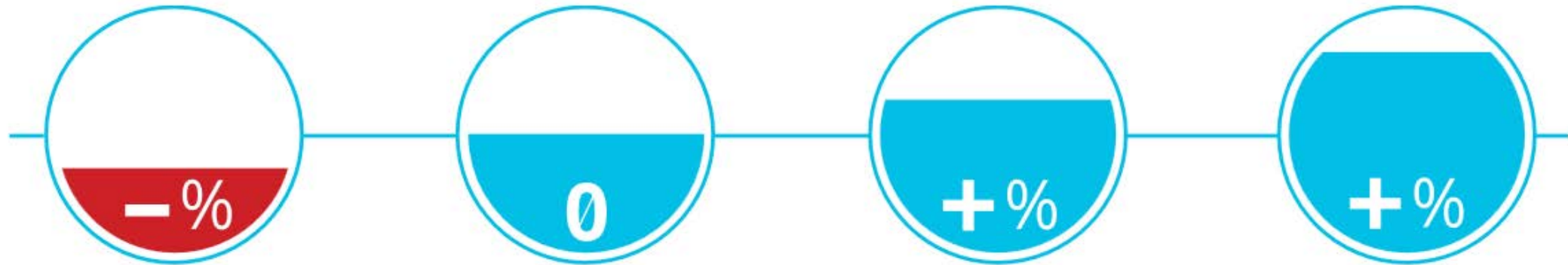
# MIPS: Starting Date

- If ready: Start January 1, 2017
- If not ready: Start anytime between January 1, 2017 and October 2, 2017
- Must report by March 31, 2018
- Payment Adjustments begin January 1, 2019





# MIPS: Pick Your Pace



Don't Participate

Submit Something

Submit a Partial Year

Submit a Full Year

The size of your payment adjustment will depend both on how much data you submit and your quality results.



# Pick Your Pace – Test for 2017

“Test” – submit a minimum amount of data

Avoids a payment adjustment

Minimum amount of data is one of the following 3 options:

1 Quality Measure

1 Improvement Activity

4 or 5 Required ACI Measures



# Pick Your Pace – Partial Year



- ❑ Partial participation in 2017
  - Submit 90 days of data to Medicare
  - Include all performance categories
  - May earn a positive payment adjustment
- Dependent on performance

Reporting period may begin anytime between  
January 1<sup>st</sup> and October 3<sup>rd</sup>, 2017



# Pick Your Pace – Full Year



- Submit a full year of data for all performance categories
- May earn a positive payment adjustment

## Important:

Positive payment adjustments are based on the **QUALITY** of the data  
NOT the amount of information or length of time submitted



# Quality Scoring Basics



Year 1 – automatically receive 3 points for completing and submitting 1 measure

If a measure can be reliably scored against a benchmark, you can receive 3-10 points

- Must meet case volume criteria needed to receive more than 3 points

Measures should cover a minimum of 90 days

Failure to submit performance data for a measure = 0 points





# Advancing Care Information (ACI) Scoring



- Weighted at 25% of the Total Score
- May earn a maximum score of up to 155%
- Any score above 100% will be capped at 100%
- Provides flexibility to focus on measures that are most relevant

**50%**

Required  
Base score  
(50%)

**90%**

Performance score  
(up to 90%)

**15%**

Bonus score  
(up to 15%)



# Improvement Activities Scoring



## Activity Weights

- Medium = 10 points
- High = 20 points

## Alternate Activity Weights

- Medium = 20 points
- High = 40 points
- For Clinicians in small, rural and underserved practices or with non-patient facing clinicians or groups

## Additional Credits

- PCMH, Medical Home Model or similar specialty practice = Full Credit
- APM Participation = Partial Credit



# Cost



No data submission required

Calculated from adjudicated claims

For the transition year, the cost performance category will not impact payment in 2019

\*Starting in 2018, the cost category will be used to determine your payment adjustment.

\*Note: Second Year (Proposed Rule CY 2018) - CMS proposes 0% in 2020 MIPS payment year, but are soliciting feedback on keeping the weight at 10%.



# Future Plans for RPMS



- Perform Market Research
  - Explore what products can interface with EHR to submit CQMs
- Update Clinical Quality Measures (CQM) Logic
  - Workgroup completed initial review (high level analysis)

# Quality Payment Program: Roles & Responsibilities

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# QPP – MACRA: Human Resources

LEVEL	ROLE	MACRA
<b>NATIONAL</b>	<ul style="list-style-type: none"> <li>National Meaningful Use (MU) Coordinator</li> <li>National MACRA Coordinator</li> </ul>	X
<b>AREA</b>	<ul style="list-style-type: none"> <li>MU Coordinator</li> <li>MACRA Coordinator</li> <li>Clinical Applications Coordinator</li> <li>Information Systems Security Officer</li> <li>Health Information Management Consultant</li> <li>Quality Management</li> </ul>	X X X X X
<b>SERVICE UNIT</b>	<ul style="list-style-type: none"> <li>MU Coordinator</li> <li>MACRA Coordinator</li> <li>Clinical Applications Coordinator</li> <li>Physician Champion</li> <li>Nurse Champion</li> <li>Quality Management</li> <li>IT Specialist</li> <li>Site Manager</li> </ul>	X X X X X X X X
Comments:		<ol style="list-style-type: none"> <li>1. Training – Area and Site MU Coordinator</li> <li>2. Site Manager to support requirements</li> <li>3. Area MACRA Coordinator – Human Resources to support Clinical Quality Data Analysis (e.g., run reports, support reports, QAPI resource, knowledge of MACRA), training, etc.</li> </ol>



# Information Technology Roles and Responsibilities for QPP



Role	Responsibilities	Policy Expert	Develops Training Material	Training	Community Outreach	Meets with Clinicians	Works with IST	Assists with Attestation	Selects Quality measures	Submits Performance Measures	Health IT (e.g. EHR, RPMS) Configuration	Health IT (e.g. EHR, RPMS) Configuration Testing
DIT Informaticist	Analyzes Performance Categories (ACI, Quality, IA) criteria and certification for EHR (e.g. 2015 CEHRT) so that it can be developed in EHR. Confirms functionality built to support use in field. Provides communication and training to site and area levels when enhancements/patches are built. Supports testing.		x	x	x						x	x
Area IT Specialist	Provides Health IT (e.g. RPMS, EHR, iCare) configuration. Maintains IT functionality, enhancements, and patches. Performs configuration to meet Performance Categories (ACI, Quality, IA) criteria and certification for EHR (e.g. 2015 CEHRT). Supports testing.		x	x							x	x
Site IT Specialist	Site specific and works with Area and DIT. Health IT (e.g. RPMS, EHR, iCare) Configuration. Maintain IT functionality, enhancements, and patches. Performs testing.		x	x							x	x
Providers/ Clinicians/ Others												

Area IT Specialist	Provides Health IT (e.g. RPMS, EHR, iCare) configuration. Maintains IT functionality, enhancements, and patches. Performs configuration to meet Performance Categories (ACI, Quality, IA) criteria and certification for EHR (e.g. 2015 CEHRT). Supports testing.
Site IT Specialist	Site specific and works with Area and DIT. Health IT (e.g. RPMS, EHR, iCare) Configuration. Maintain IT functionality, enhancements, and patches. Performs configuration to meet Performance Categories (ACI, Quality, IA) criteria and certification for EHR (e.g. 2015 CEHRT). Supports testing.

Note: Improvement Support team (IST) lead



# QPP - MACRA Coordinators



Level	Responsibilities
<b>NATIONAL</b>	<ul style="list-style-type: none"><li>• Reviews requirements, "sort out" measures.</li><li>• Addresses registry issues (identify costs to HQ, Area, Site such as Area Directors).</li><li>• Develops subset of measures to incorporate in EHR. Works with clinical group to select clinical measures.</li></ul>
<b>AREA</b>	<ul style="list-style-type: none"><li>• Coordinates training activities.</li><li>• Assists with attestation for QPP-MACRA at sites, provides frequent conference calls to share information.</li><li>• Works with Improvement Support Team (IST) lead. Is the point of contact for all the data calls.</li><li>• Works with registries / contracting.</li></ul>
<b>SITE</b>	<ul style="list-style-type: none"><li>• Meets 1:1 with Eligible Clinicians (EC) to provide orientation, updates, and assistance. Selects measures with EC input. Helps with attestation. Is aware/knows status of each provider (MIPS/APM).</li><li>• Submits performance measures (on behalf of/proxy or have EC submit measures with guidance).</li><li>• Works with Meaningful Use (MU) Coordinator and has knowledge of QPP-MACRA &amp; MU to support crosswalk.</li><li>• Engages with Quality Improvement Team (QIT).</li><li>• Supports Clinical Quality Data Analysis (e.g. run reports, support reports, QAPI resource).</li><li>• Works with registries/contracting.</li></ul>





# QPP - MACRA Coordinators



Role	Policy Expert	Develops Training Material	Training	Community Outreach	Meets with Clinicians	Works with IST	Assists with Attestation	Selects Quality measures	Submits Performance Measures	Health IT (e.g. EHR, RPMS) Configuration	Health IT (e.g. EHR, RPMS) Configuration Testing
<b>Quality Payment Program (QPP)-MACRA Coordinators</b>											
National QPP-MACRA Coordinator	QPP-MACRA	X	X	X	X						X
Area QPP-MACRA Coordinator	QPP-MACRA	X	X	X	X	X	X				X
Site QPP-MACRA Coordinator	QPP-MACRA	X	X	X	X	X			X		X

Note: Improvement Support Team=IST



# Clinical Applications Coordinators/Informaticists



Level	Responsibilities
<b>AREA</b>	<ul style="list-style-type: none"><li>• Provides overall support to all sites.</li><li>• Assists in maintaining training.</li><li>• Troubleshoots EHR. Makes sure all the enhancements and patches to support QPP-MACRA are in place. Supports field to test EHR changes.</li><li>• Supports QPP-MACRA Data Calls.</li><li>• Develops training material and trains on EHR use to meet each measure (ACI, Quality and AI). Provides EHR training.</li></ul>
<b>SITE</b>	<p><b>Site specific:</b></p> <ul style="list-style-type: none"><li>• Assists in maintaining training.</li><li>• Troubleshoots EHR. Makes sure all the enhancements and patches to support QPP-MACRA are in place. Works with Area to tests EHR changes.</li><li>• Support QPP-MACRA Data Calls.</li><li>• Develops training material and trains on EHR use to meet each measure (ACI, Quality and AI). Provides EHR training (2015 CEHRT).</li></ul>



# QPP – CACs



Role	Policy Expert	Develops Training Material	Training	Community Outreach	Meets with Clinicians	Works with IST	Assists with Attestation	Selects Quality measures	Submits Performance Measures	Health IT (e.g. EHR, RPMS) Configuration	Health IT (e.g. EHR, RPMS) Configuration Testing
<b>Clinical Application Coordinator (CAC)</b>											
Area CAC		X	X	X	EHR use	X				X	X
Site CAC		X	X	X	EHR use	X				X	X

Note: Improvement Support Team=IST



# Meaningful Use (Mu) Coordinators



Level	Responsibilities
<b>AREA</b>	<ul style="list-style-type: none"><li>• Continues to provide MU support and attestation (hospitals, Medicaid Eligible Professionals (EP)) .</li><li>• Supports the Advancing Care Information (ACI) component of QPP-MACRA.</li></ul>
<b>SITE</b>	<ul style="list-style-type: none"><li>• Continues to provide MU support and attestation (hospitals, Medicaid EP).</li><li>• Supports the ACI component of QPP-MACRA.</li></ul>



# Information Technology (IT) Specialist – National Level



Level	Responsibilities
National	<p><b>IT SPECIALIST:</b></p> <ul style="list-style-type: none"><li>• Provides Health IT (e.g. RPMS, EHR, iCare) configuration.</li><li>• Maintains IT functionality, enhancements, and patches.</li><li>• Performs configuration to meet Performance Categories (ACI, Quality, IA) criteria and certification for EHR (e.g. 2015 CEHRT). Supports testing.</li></ul> <p><b>INFORMATICIST:</b></p> <ul style="list-style-type: none"><li>• Analyzes Performance Categories (ACI, Quality, IA) criteria and certification for EHR (e.g. 2015 CEHRT) so that it can be developed in EHR.</li><li>• Confirms functionality built to support use in field,</li><li>• Provides communication and training to site and area levels when enhancements/patches are built. Supports testing.</li></ul>



# IT Specialist – Area Level



Level	Responsibilities
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<b>AREA</b>	<b>INFORMATION SYSTEM SECURITY OFFICER (ISSO):</b> <ul style="list-style-type: none"><li>• Serves as the central point of contact for the Area IT Security program in coordination with the Agency ISSO.</li><li>• Establishes and maintains an up-to-date list of all IT systems within the operating unit.</li><li>• Ensures IT Security Plans, risk analysis, contingency and disaster recovery plans are prepared for all major applications and general support systems owned and operated by the operating unit.</li><li>• Maintains a tracking system of the required security controls and accreditation status on IT systems.</li><li>• Acts as the central point for any IT Security related incidents or violations.</li><li>• Assists the application system manager and users in establishing and implementing the appropriate security safeguards required to protect the IT System hardware and data.</li></ul> <b>IT SPECIALIST:</b> <ul style="list-style-type: none"><li>• Provides Health IT (e.g. RPMS, EHR, iCare) configuration.</li><li>• Maintains IT functionality, enhancements, and patches.</li><li>• Performs configuration to meet Performance Categories (ACI, Quality, IA) criteria and certification for EHR (e.g. 2015 CEHRT). Supports testing.</li></ul>
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# IT Specialist – Site Level



Level	Responsibilities
<b>SITE</b>	<b>IT SPECIALIST:</b> <ul style="list-style-type: none"><li>• Site specific and works with Area and OIT. Health IT (e.g. RPMS, EHR, iCare) Configuration.</li><li>• Maintains IT functionality, enhancements, and patches.</li><li>• Performs configuration to meet Performance Categories (ACI, Quality, IA) criteria and certification for EHR (e.g. 2015 CEHRT). Supports testing.</li></ul>



# QPP – IT



Role	Policy Expert	Develops Training Material	Training	Community Outreach	Meets with Clinicians	Works with IST	Assists with Attestation	Selects Quality measures	Submits Performance Measures	Health IT (e.g. EHR, RPMS) Configuration	Health IT (e.g. EHR, RPMS) Configuration Testing
<b>Information Technology (IT)</b>											
Area ISSO										X	X
OIT IT Specialist		X								X	X
OIT Informaticist		X	X	X						X	X
Area IT Specialist		X	X							X	X
Site IT Specialist		X	X							X	X

Note: Improvement Support Team=IST





# Health Care Providers / Clinicians



Level	Responsibilities
<b>AREA</b>	<b>PHYSICIAN CHAMPION</b> (Health care provider): CMO or CMO designee <ul style="list-style-type: none"><li>• Acts as a resource to QPP-MACRA Coordinator who is interacting with clinicians.</li><li>• Provides oversight in decision making as it pertains to clinician buy in / support.</li><li>• Collaborates with the QPP-MACRA Coordinator to identify how the measures impacts the credential provider workflow, practice, day to day operations and patient care.</li></ul>
<b>SITE</b>	<b>PHYSICIAN CHAMPION</b> (Health care provider): Chief of Staff, Clinical Director or Designee <ul style="list-style-type: none"><li>• Acts as a resource to QPP-MACRA Coordinator who is interacting with clinicians.</li><li>• Provides oversight in decision making as it pertains to clinician buy in / support.</li><li>• Collaborates with the QPP-MACRA Coordinator to identify how the measures impacts the credential provider workflow, practice, day to day operations and patient care.</li><li>• Assist QPP-MACRA Coordinator with quality measure selection that benefit their site and provides justification as to why the measures were selected.</li></ul>



# Health Care Providers

Level	Responsibilities
<b>SITE</b>	<p><b>NURSE CHAMPION</b> (Health care provider): Works with or is the QPP-MACRA, CAC or MU Coordinator (may be the same person with two roles) that looks at processes in place to meet measures.</p> <ul style="list-style-type: none"><li>• Provides oversight in decision making as it pertains to clinician buy in / support.</li><li>• Collaborates with the QPP-MACRA Coordinator to identify how the measures impacts the credential provider workflow, practice, day to day operations and patient care.</li></ul>
<b>AREA/SITE</b>	<p><b>MIPS ELIGIBLE CLINICIAN CHAMPION</b> (Health care provider): Works with or is the QPP-MACRA, CAC or MU Coordinator (may be the same person with two roles) that looks at processes in place to meet measures.</p> <ul style="list-style-type: none"><li>• Provides oversight in decision making as it pertains to clinician buy in / support.</li><li>• Collaborates with the QPP-MACRA Coordinator to identify how the measures impacts the credential provider workflow, practice, day to day operations and patient care. Note: May have either a Site Physician Champion or MIPS EC Champion.</li></ul>



# Clinical Groups and Quality Assurance Coordinators



	Responsibilities
AREA/SITE	<b>CLINICAL GROUP:</b> Team that includes champions, IT specialist, QPP-MACRA, CAC and/ or MU Coordinator. <ul style="list-style-type: none"><li>• Addresses measures selection, data analysis of performance activities and helps provide guidance to clinicians partaking in QPP- MACRA.</li></ul>
AREA AND SITE	<b>Quality Assurance Performance Improvement (QAPI) COORDINATOR:</b> Team <ul style="list-style-type: none"><li>• Works on quality improvement activities, pulls data out, and run the reports.</li><li>• Works with area and site to generate data analysis for quality reporting and getting back to sites about QPP.</li></ul>



# Providers/Clinicians/Others



Role	Policy Expert	Develops Training Material	Training	Community Outreach	Meets with Clinicians	Works with IST	Assists with Attestation	Selects Quality measures	Submits Performance Measures	Health IT (e.g. EHR, RPMS) Configuration	Health IT (e.g. EHR, RPMS) Configuration Testing
<b>Providers/ Clinicians/ Others</b>											
Area Physician Champion (Healthcare provider)				X QPP-MACRA coordinator		X					
Site Physician Champion (Healthcare provider)				X QPP-MACRA coordinator	X in-services	X		X			
MIPS Eligible Clinician Champion (Healthcare provider)				X QPP-MACRA coordinator	X in-services	X		X			
Nurse Champion (Healthcare provider)				X QPP-MACRA coordinator	X in-services	X		X			
Clinical Group				X	X						
QAPI Coordinator (Site and Area)	X	X	X	X	X	X	X	X	X		X iCare

Note: Improvement Support Team=IST



# Roles needed for Planning



Level	Role	QPP - MACRA
<b>NATIONAL</b>	<ul style="list-style-type: none"> <li>National Meaningful Use (MU) Coordinator</li> <li>National MACRA Coordinator</li> </ul>	X
<b>AREA</b>	<ul style="list-style-type: none"> <li>MU Coordinator</li> <li>MACRA Coordinator</li> <li>Clinical Applications Coordinator</li> <li>Information Systems Security Officer</li> <li>Health Information Management Consultant</li> <li>Quality Management</li> </ul>	X X X X X X
<b>SERVICE UNIT</b>	<ul style="list-style-type: none"> <li>MU Coordinator</li> <li>MACRA Coordinator</li> <li>Clinical Applications Coordinator</li> <li>Physician Champion</li> <li>Nurse Champion</li> <li>Quality Management</li> <li>IT Specialist</li> </ul>	X X X X X X X
Comment:		<ol style="list-style-type: none"> <li>Requires 2015 CEHRT in 2018</li> <li>All must understand MACRA requirements</li> </ol>



# Roles needed for Analysis



LEVEL	ROLE	QPP - MACRA
<b>NATIONAL</b>	<ul style="list-style-type: none"> <li>National MU Coordinator</li> <li>National MACRA Coordinator</li> </ul>	X
<b>AREA</b>	<ul style="list-style-type: none"> <li>MU Coordinator</li> <li>MACRA Coordinator</li> <li>Clinical Applications Coordinator</li> <li>Information Systems Security Officer</li> <li>Health Information Management Consultant</li> <li>Quality Management</li> </ul>	X X X X
<b>SERVICE UNIT</b>	<ul style="list-style-type: none"> <li>MU Coordinator</li> <li>MACRA Coordinator</li> <li>Clinical Applications Coordinator</li> <li>Physician Champion</li> <li>Nurse Champion</li> <li>Quality Management</li> <li>IT Specialist</li> </ul>	X X X X X X
Comments:		Help implement 4 Performance Categories: 1. Quality Measures 2. Advancing Care Information 3. Improvement Activities 4. Resource Costs



# Roles needed for Design



LEVEL	ROLE	QPP - MACRA
<b>NATIONAL</b>	<ul style="list-style-type: none"> <li>National MU Coordinator</li> <li>National MACRA Coordinator</li> </ul>	X
<b>AREA</b>	<ul style="list-style-type: none"> <li>MU Coordinator</li> <li>MACRA Coordinator</li> <li>Clinical Applications Coordinator</li> <li>Information Systems Security Officer</li> <li>Health Information Management Consultant</li> <li>Quality Management</li> </ul>	X X X X
<b>SERVICE UNIT</b>	<ul style="list-style-type: none"> <li>MU Coordinator</li> <li>MACRA Coordinator</li> <li>Clinical Applications Coordinator</li> <li>Physician Champion</li> <li>Nurse Champion</li> <li>Quality Management</li> <li>IT Specialist</li> </ul>	X X X X X X
Comments:		1. Field Support to Test 2. To become PCMH may need funds/resources for certification



# Roles needed for Implementation



Role	QPP - MACRA
<ul style="list-style-type: none"><li>• Training</li><li>• Communication/Outreach</li><li>• IT Tier 1 and 2 Support</li></ul>	X X X
Comments:	1. Assign Resource to address needs





# Funds



## QPP - MACRA

- Training (develop materials, webinars, at the elbow support, education/communication materials)
- Travel Funds (site visits/Area Offices)
- Funds for registries to report quality measures



# Additional Resource Information

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# Eligibility: Check Your Participation Status



Quality Payment PROGRAM

Learn About the Program | Explore Measures | Education & Tools

Modernizing Medicare to provide better care and smarter spending for a healthier America.

Check your participation status

Enter your National Provider Identifier (NPI) number

NPI Number

Check NPI

### Attachment A: Who's included and should actively participate in MIPS to avoid a penalty and possibly earn a positive adjustment

<TIN> Reference # QPP201701  
 <PROVIDER NAME> <DATE>  
 <PROVIDER ADDRESS>

Below is a list of the clinician(s) associated with your TIN, their National Provider Identifier(s) (NPI), and whether they are subject to the Merit-Based Incentive Payment System (MIPS).

Inclusion in MIPS is based on a number of factors, including whether the group or the individual clinician exceeds the low volume threshold criteria. Under this criteria, you will be exempt from MIPS if you bill Medicare less than \$30,000 a year or provide care for less than 100 Medicare patients a year.

Note, however, that if your group chooses to report as a group, MIPS assessment will be based on all individuals in the group, and the payment adjustment will include those clinicians who do not exceed the low-volume threshold as individuals.

If you are currently subject to MIPS, please prepare to participate in the program; we will notify you of any changes in your participation status.

This information should be shared with the clinicians associated with your TIN. If you have questions, please call the Quality Payment Program at 1-866-288-8292 (Monday-Friday 8AM-8PM ET). TTY users can call 1-877-715-6222.

TIN	NPI	MIPS Participation
*****		Included in MIPS. OR
		Your group fell below threshold for Medicare Part B payments or patients
	*****	Included in MIPS
	*****	Exempt from MIPS. Below threshold for Medicare Part B payments or patients, unless participating as a Group.
	*****	Exempt from MIPS. Not an eligible provider type.

Please note, clinicians who practice under multiple TINs will be notified at the TIN level of their eligibility and therefore may have different eligibilities for each of their TIN/practice combinations.

Quality Payment PROGRAM

MIPS Merit based Incentive Payment System | APMs Alternative Payment Models | About The Quality Payment Program

## MIPS Participation Status

To check if you need to submit data to MIPS, enter your 10-digit National Provider Identifier (NPI) number.

If you're exempt from MIPS with the first review, you won't need to do anything else for MIPS this year. If you are included in MIPS, you may be exempt with the second review of eligibility determinations at the end of 2017. [Learn more about MIPS eligibility.](#)

NATIONAL PROVIDER IDENTIFIER (NPI)

Enter an NPI Number

Participating in an Alternative Payment Model (APM)? Talk to your Center for Medicare & Medicaid Innovation (CMMI) team or leaders managing your participation. If you need help finding this information, please email us at [qpp@cms.hhs.gov](mailto:qpp@cms.hhs.gov) or call 1-866-288-8292

- ☐ CMS website
- ☐ CMS MIPS Participation Status Letters

Source: <https://qpp.cms.gov/>  
<https://qpp.cms.gov/resources/education>  
<https://qpp.cms.gov/participation-lookup>



# IHS QPP - MACRA Resources



IHS Website: <https://www.ihs.gov/qpp/>

LISTSERV Email: [MACRA@listserv.ihs.gov](mailto:MACRA@listserv.ihs.gov)

Subscribe URL: [https://www.ihs.gov/listserv/topics/signup/?list\\_id=357](https://www.ihs.gov/listserv/topics/signup/?list_id=357)



# Steps to Prepare for the Quality Payment Program



Utilize Quality Payment Program Resources:

- ❑ Centers for Medicare & Medicaid Services (CMS): <https://qpp.cms.gov>
- ❑ Training, Education and Technical Assistance Resource Information: <https://qpp.cms.gov/resource/>
- ❑ IHS Resources: <https://www.ihs.gov/qpp/>

Quality Payment PROGRAM

Learn About the Program | Explore Measures | Education & Tools

Education Resources | **Ea Documents**

**CMS Website**  
<https://qpp.cms.gov/resources/education>

## Educational Resources

Welcome to the Quality Payment Program Educational resource library where you'll find links to official information to help you prepare for success in the Quality Payment Program.

### Read the Official Rule

Learn more about the Quality Payment Program through the final rule with comment period.

Read the Final Rule at the Federal Register  
UPDATED OCTOBER 14TH, 2016

Read the Executive Summary of the Rule  
UPDATED OCTOBER 14TH, 2016

### MACRA Legislation

Read the official Medicare Access and CHIP Reauthorization Act (MACRA) of 2015.

Read the Legislation

### MIPS Participation Status Letter

Read the sample letter and attachments about MIPS participation status sent to clinician offices in late April and early May 2017.

MIPS Participation Status Mailing

### Video Library

Delivery System Reform: Paying for What Works

### Webinars and Educational Programs

Webinars About the Quality Payment Program

### Documents & Downloads

Jump to Document Type -

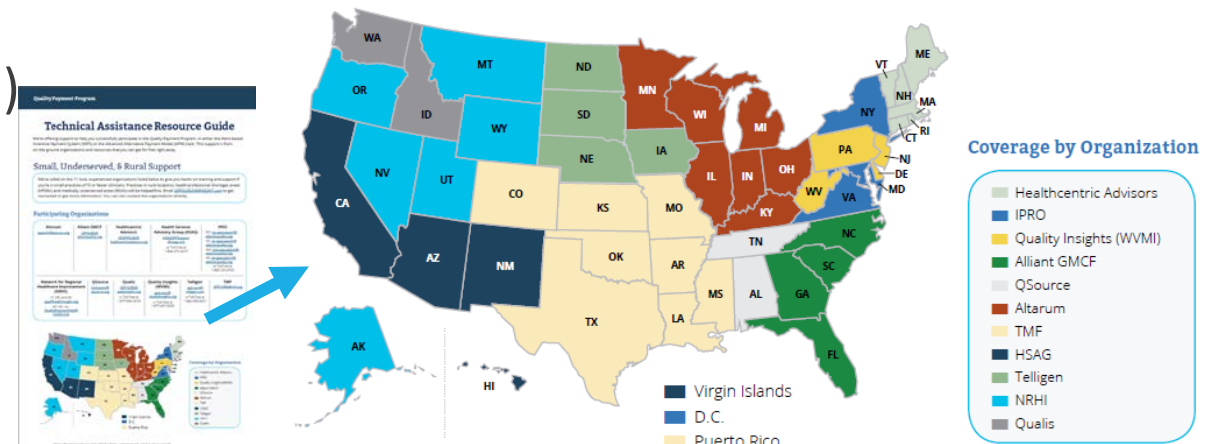


# Technical Assistance Support



## Technical Assistance Resource Guide

- ❑ Small, Underserved, & Rural Support (SURS)
  - Small practices of 15 or fewer clinicians
  - Practices in rural locations, health professional shortages areas (HPSAs), and medically underserved areas (MUAs)
- ❑ Quality Innovation Networks – Quality Improvement Organizations (QIN-QIOs)
  - Large practice of more than 15 clinicians
- ❑ Transforming Clinical Practice Initiative (TCPI)



Source: [https://qpp.cms.gov/docs/QPP\\_Technical\\_Assistance\\_Resource\\_Guide.pdf](https://qpp.cms.gov/docs/QPP_Technical_Assistance_Resource_Guide.pdf)

Map of organizations providing small, underserved, and rural support



# Resources



American Medical Association. **Medicare Payment Reform**. Available at: <http://www.ama-assn.org/ama/pub/advocacy/topics/medicare-physician-payment-reform.page>

Centers for Medicare & Medicaid Services. **2017 Merit-based Incentive Payment System (MIPS): CMS Web Interface Fact Sheet**. (April, 12, 2017) Available at [https://qpp.cms.gov/docs/QPP\\_CMS\\_Web\\_Interface\\_Fact\\_Sheet.pdf](https://qpp.cms.gov/docs/QPP_CMS_Web_Interface_Fact_Sheet.pdf)

Centers for Medicare & Medicaid Services. (November 2, 2016) **Advanced Alternative Payment Models (APMs) in The Quality Payment Program** (slide deck) Available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/Quality-Payment-Program-Events.html>

Centers for Medicare & Medicaid Services. Merit-Based Incentive Payment System: **Advancing Care Information Performance Category**. Available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/Advancing-Care-Information-Presentation.pdf>

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Centers for Medicare & Medicaid Services. **Merit-Based Incentive Payment System (MIPS): 2017 CMS-Approved Qualified Clinical Data Registries (QCDRs)** . (May 25, 2017) Available at: [https://qpp.cms.gov/docs/QPP\\_2017\\_CMS\\_Approved\\_QCDRs.pdf](https://qpp.cms.gov/docs/QPP_2017_CMS_Approved_QCDRs.pdf)

Centers for Medicare & Medicaid Services. **Merit-Based Incentive Payment System (MIPS): 2017 CMS-Approved Qualified Registries**. . (May 11, 2017) Available at: [https://qpp.cms.gov/docs/QPP\\_MIPS\\_2017\\_Qualified\\_Registries.pdf](https://qpp.cms.gov/docs/QPP_MIPS_2017_Qualified_Registries.pdf)

Centers for Medicare & Medicaid Services. **Merit-Based Incentive Payment System: Advancing Care Information Performance Category**. Available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/Advancing-Care-Information-Presentation.pdf>

Centers for Medicare & Medicaid Services. **The Merit-Based Incentive Payment Systems (MIPS)**. Available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/Quality-Payment-Program-MIPS-NPRM-Slides.pdf>



# Resources



Centers for Medicare & Medicaid Services. **MACRA: Delivery System Reform, Medicare Payment Reform.** Available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/MACRA-MIPS-and-APMs.html>

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Centers for Medicare & Medicaid Services. Quality Payment Program: **Educational Resources.** Available at :<https://qpp.cms.gov/resources/education>

Centers for Medicare & Medicaid Services. Quality Payment Program: **Modernizing Medicare to provide better care and smarter spending for a healthier America.** Available at: <https://qpp.cms.gov/>

Centers for Medicare & Medicaid Services. Quality Payment Program: **Technical Assistance Resource Guide.** (May 10, 2017) Available at [https://qpp.cms.gov/docs/QPP\\_Technical\\_Assistance\\_Resource\\_Guide.pdf](https://qpp.cms.gov/docs/QPP_Technical_Assistance_Resource_Guide.pdf)

Federal Register. **Final Rule with Comments** 42 CFR Parts 414 and 495. Medicare Program; Merit-Based Incentive Payment System (MIPS) and Alternative Payment Model (APM) Incentive Under the Physician Fee Schedule, and Criteria for Physician-Focused Payment Models. (November 4, 2016) Available at: <https://www.federalregister.gov/documents/2016/11/04/2016-25240/medicare-program-merit-based-incentive-payment-system-mips-and-alternative-payment-model-apm>

Health Information and Management Systems Society. **MACRA Resource Center.** Available at: <http://www.himss.org/MACRA-resource-center>

Zaroukian M. Medicare Access and CHIP Reauthorization Act of 2015: **An Executive Overview of the Proposed Rule presentation.** Health Information and Management Systems Society (HIMSS). 2016. Available at: <http://www.himss.org/Events/EventDetail.aspx?ItemNumber=48362>





# Questions

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## Revenue Cycle:

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